

**ADVANCED PLACEMENT INCENTIVE GRANT**

Thank you for your interest in participating in the AP exam reimbursement portion of the Advanced Placement Incentive grant from the Nebraska Department of Education. The purpose of the AP exam reimbursement program is to insure that students who are currently enrolled (2009-2010 school year) in an AP course at the high school level are able to participate in the AP Exam portion of the course without financial barriers. The process for payment of the exam costs is as follows:

1. Arrange with the testing site for the qualifying student(s) to be included in the testing process (May 2010) with the school district bearing the costs of the test. The test site is to waive the cost of administration and the College Board will waive their costs in accordance with the grant agreement.
2. Verify that the student(s) to be considered qualify as being in a low-income or economically distressed situation. The verifications are to be attached to this form and might consist of an approved copy of the application for free or reduced lunch or an official letter explaining the circumstance of the individual. Please have a separate verification for each participating student.
3. Return this form with verifications attached to the address or fax number below by **September 15, 2010**.
4. Payment will be sent to the school district at the address indicated below in the amount of \$56.00 per student; the amount allowed in this first year of the three-year grant. A claim form is enclosed which is to be mailed after May 15, 2010 and before September 15, 2010.

The following students from \_\_\_\_\_ High School are qualified to be a part of this reimbursement process for taking AP exams in May 2010.

Student Name	Grade Level	AP course
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of School Official \_\_\_\_\_ Title \_\_\_\_\_

If more names are to be submitted, duplicate this form and add the names.

If you have questions or comments about this process, please contact me at 402-471-0737, by e-mail at mary.duffy@nebraska.gov or at address below.

Mailing address:

Send reimbursement claim form to:

High-Ability Learner Program

Department of Education

301 Centennial Mall South

P.O. Box 94987

Lincoln, NE 68509-4987

School District\_\_\_\_\_

Address\_\_\_\_\_

City/State/Zip\_\_\_\_\_

Fax #: 402/471-0117 ATTN: Mary Duffy

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Date Received\_\_\_\_\_ Date Payment Sent\_\_\_\_\_